
Communications to the Editor

To the Editor:

At the annual meeting of the Medical Library Association held in Kansas City in 1960, I announced that beginning with the publication of the *Index Medicus* in 1960 and the publication of the *National Library of Medicine Catalog* for 1960 the National Library of Medicine would follow a new policy on subject heading usage, namely, that thereafter a common, single system of subject headings would be used in the Library's cataloging and indexing operations. At the same meeting, also, we exhibited a mock-up tray of cards as they would appear in our subject card catalog. We distinguished four types of subheadings—topical, geographical, time, and form—, gave these a fixed order of precedence, printed these standard subheadings on guide cards, and followed out this "position" filing scheme literally in the arrangement of the cards in the trays.

In the Introduction (p. xv-xvi) to *Medical Subject Headings* (1960), we discussed this filing pattern in some detail. We pointed out clearly that the system used was considered to be experimental.

In the several years that this system has been in use in the subject card catalog of the National Library of Medicine it has not proved to be satisfactory. Even after almost one hundred thousand cards have been filed, filing patterns are still bewildering, complex, and hard to grasp. There is too much clutter, and few people have the patience to wrestle with the clutter to get to the additional aspects which the system will then undoubtedly reveal.

For over a year the NLM staff has considered what simplifying modification ought to be made. It was generally agreed that the "time" subdivisions ought to be abandoned; they are very infrequently used and not worth the candle. The use of "geographical" subheadings was similarly suspect, except that here it was considered that their use might be limited to certain main headings, rather than eliminating them entirely.

Meanwhile, the fundamental review of the *Medical Subject Headings* list prior to the inception of MEDLARS was in full swing. The issue of subheadings—any subheadings—was argued vehemently from all sides. This argument was prefigured in the *NLM Index Mechanization Project* report, which appeared as Part 2 of the January 1961 issue of the *BULLETIN*. Chapter 10 of that report (p. 89-94) presents some of the arguments and winds up by stating: "It is fair to say that in a co-ordinate indexing system, where the file is very large, and where machine operations are prominent, subheadings are irrelevant."

These two views of the problem—dissatisfaction with the filing pattern in the subject card catalog and realization of the irrelevance of subheadings in a machine system—have now led NLM to abandon the use of all subheadings, except for form subheadings, in the subject card catalog. In the *Index Medicus* no subheadings whatsoever will be used; this phenomenon will appear in the 1963 issues, which are transitional to the full MEDLARS system of 1964. All material going into the 1963 issues will be converted into a machine store for testing and use in MEDLARS.

At the same time, *Medical Subject Headings* has been revised and enlarged; the number of main headings has been increased by one-third. Many of these new main headings are patently the equivalents of old main heading-subheading combinations. One aim has been to break up into more reasonably sized groupings those areas in which experience has shown that unwieldy masses of entries tend to agglutinate.

The newly revised *Medical Subject Headings* will be printed as Part 2 of the January 1963 issue of the *Index Medicus* and thus will receive automatic distribution to all subscribers. It will be printed as Part 2 of the January issue in each succeeding year.

The new *Medical Subject Headings* prints the headings in two arrangements, alphabetical and categorical. Only the categorical listing reveals the "see also specific" or "see also downwards" cross-relationships. The "see synonymous" and "see under" and the few "see also related" cross-references appear in the alphabetical list. In the *Index Medicus* itself the cross-reference structure will not be carried at all, except in the annual cumulated issue. It is felt that as the number of items increases, the costly repetitive printing of the cross-reference structure in each issue can no longer be borne.

The scheduled 1960-64 five-year cumulation of the *NLM Catalog* will probably be the last cumulation printed in this particular form. When this cumulation appears, it will include the last entries emanating from the massive recataloging operation which the Library has conducted for the past twenty years.

Thereafter, the entries for currently received books will be put into the MEDLARS system and will be printed in the *Index Medicus*. The *Index Medicus* will become the subject index to all medical literature, regardless of form.

As a matter of fact, the *Index Medicus* for 1964, which will be the first to be issued as a full product of the MEDLARS system, will probably contain entries for American books as a trial run for the more complete operation to be undertaken in 1965. This means that American books for 1964 will appear in two places—the *Index Medicus* and the 1960-64 cumulated *Catalog*.

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All of this adds up to a painful period of adjustment. All medical librarians will have to learn to accommodate to the new *Index Medicus* system. Some few medical libraries which have carried out the NLM practice in their own subject card catalogs will be faced with the same hard decisions that NLM has had to make for its own catalog. It is at a time like this that one begins to understand the reasons for the prominent conservative stripe which most librarians wear as a badge of office. But if experiment is perilous, it is also a requirement of progress. We ask the indulgence of the medical library community for our failing to see, five years ago, in all details, the full implications of the system which was then only a vague dream. We are confident that MEDLARS is a giant step forward, and we are resolved to do what must be done to make it a success. The January 1963 issue of the *Index Medicus* carries an explanatory preface on the above matters.

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